Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ider	Version 7/0	
		July 29, 2005		T.,		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	<u> </u>		Organizational Unit	,		
Housing Authority of the City of	Fresno		Department:	-	THE RELEASE OF THE PARTY OF THE	
Organizational DUNS:			Planning & Developn Division:	nent	and are superstanting the state of	
071870877 Address:		The state of the s	Name and telephone number of person to be contacted on matters			
Street: 1331 Fulton Mall	Control of the Contro		involving this application (give area code)			
1331 Fullon Mail	REC	FIVEL	Prefix: Ms	First Name: Kathleen	THE STATE OF THE S	
City: Fresno		EIVED 2 9 2005	Middle Name		m y province of the country of the committee of the state of the contraction appears there is a finite or a sec	
County:		7 9 7003	Last Name Paley	40000		
State: CA	Zip Code	THE HOUSE	Suffix:			
	93721 STATE CL	EARING HOUSE			print and the authority protections a recommend making the highest 11 per beautiful a factories. But \$170 pr 101 by recommend and	
Country: United States	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON	The state of the s	Email: kpaley@hafresno.org	<u> </u>		
6. EMPLOYER IDENTIFICATION			Phone Number (give a 559-443-8490	rea code)	Fax Number (give area code)	
	94-6000749				559-443-8422	
8. TYPE OF APPLICATION:	Tran	1 77. –	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
Mevision, enter appropriate letter	ter(s) in box(es)	n 🔲 Revision	N. Other			
(See back of form for description	of letters.)	П	Other (specify) Housing Authority			
Other (specify)		9. NAME OF FEDER US Department of Ho		n Davolanment		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE T	_	•	
TITLE (Name of Program): Demolition and Revitalization of 12. AREAS AFFECTED BY PR City of Fresno	Severely Distressed Put OJECT (Cities, Counties	1 4 – 8 6 6 6 olic Housing , States, etc.):	Redevelopment of two contiguous public housing complexes, Funston Place and Funston Terrace, into a revitalized 473 unit mixed income, mixed finance rental community, and provision for Community Supportive Services to all current and future residents.			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date: October 1, 2005	Ending Date: September 30, 2010		a. Applicant 20		b, Project	
15. ESTIMATED FUNDING:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ORDER 12372 PROC	ESS?		
b. Applicant \$		15,000,000	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
		200,000	PROCES	S FOR REVIEV	VON	
c. State		17,469,461	DATE:			
d. Local \$		2,000,000	b. No. [] PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$		37,470,332			T BEEN SELECTED BY STATE	
f. Program Income \$.00	T FOR REV	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	***	72 130 703	Yes If "Yes" attach			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1 a. Authorized Representative	THE ASSISTANCE IS AV	GOVERNING BODY OF 1	I ICATION/PREAPPLE	CATION ARE T	DIE AND CORRECT THE	
Prefix Mr.	First Name Edward		Middle L	Name		
Last Name Stacy			Suffix			
b. Title Executive Director	C	0.	c. Tele	phone Number (13-8475	give area code)	
d. Signature of Authorized Repre	Mward	· Mac.		Signed		
Previous Edilion Usable Authorized for Local Reproduction		V. Jany			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

4 DDL 10 4 TION 1						OMB Approval No. 0348-0043	
APPLICATION F FEDERAL ASSI			2. Date Submitted (mm/dd/yyyy) 7 / 2 8 / 2 0 0 5	Applicant Identifier		
Type of Submission Application	Pre-a	oplication	3. Date Received by		State Applicant Identifier		
Construction	□ c₀	nstruction	4. Date Received by	/ Federal Agency	Federal Identifier		
Non-Construction	X No	n-Construction	(mm/dd/yyyy)				
5. APPLICANT INFORM	MATION						
Legal Name:				Organizational Unit:			
State of California Address (give city, county, s	fato, and zin codo):			Department of A			
1600 K Street	iale, and zip codej.		,	application (give area co	imber of the person to be contacte ode)	d on matters involving this ,	
Sacramento, CA 9	5814		The state of the s	Ms. Johnr	na Meyer (916) 3	22-0788	
6. EMPLOYER IDENTIF		BER (EIN):	4 7	7. TYPE OF APPLIA (enter appropriate letter in A. State B. County	box) I. State Controls	A lastitution of Higher Learning	
8. TYPE OF APPLICATION:				B. County C. Municipal	J. Private Univers K. Indian Tribe	ту	
	X New	☐ Continuation	Revision	D. Township E. Interstate	L. Individual M. Profit Organiza	tion	
	LEE TON			F. Intermunicipal	N. Nonprofit	·	
If Revision, enter appropriate	letter(s) in box(es)			G. Special District	O. Public Housing	Agency	
A. Increase Award	B. Decreas		ncrease Duration	H. Independent S	(Specify)		
D. Decrease Duration	Other (spe	cify):		9. NAME OF FEDEI	RAL AGENCY:		
				U.S. Department of Labor, E	imployment and Training Administratio		
10. CATALOG OF FEDI ASSISTANCE NUMI		C 1 7	. 2 3 5	11. DESCRIPTIV	E TITLE OF APPLICANT'S	PROJECT:	
TITLE: Senior Com	munity Ser	vice Employ	ment Program	The Senior Co subsidized par	mmunity Service Employ t-time opportunities in co	ment Program will provide mmunities for low-income	
12. AREAS AFFECTED	BY PROJECT	(cities, counties, s	tates, etc.):	persons aged 55 and older, and will assist them in transitioning to			
State of California (Ex	hibit E)			unsubsidized employment			
				·			
44 000000000000000000000000000000000000							
13. PROPOSED PROJE Start Date	Ending Date	a. Applicant	IONAL DISTRICTS OF	:	b. Project		
i i	(mm/dd/yyyy)				b. Project		
July 1, 2005	June 30, 2006	California					
15. ESTIMATED FUNDI	NG:		16. IS APPLICA	TION SUBJECT TO R	EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?	
_:			I STA	PREAPPLICATION/APPL ATE EXECUTIVE ORDER	ICATION WAS MADE AVAILABLE 12372 PROCESS FOR REVIEW	E TO THE ON:	
	.81,025 c. St 23,844 TOT	ate \$2,024,000 AL \$10,928,86		m/dd/yyyy)	07/28/2005		
FRE	CEN	ED	b. NO. F	PROGRAM IS NOT COVE	RED BY E.O. 12372		
KE	CEIV	005			N SELECTED BY STATE FOR RI	EVIEW	
1			Yes	If "Yes " attach an evnlar	ON ANY FEDERAL DEBT	, X] No	
18. TO THE BEST OF MY KNOW	EDGE AND A FIFTH	RU DATA IN THIS APPLI PLICANT AND THE APPLI	CATION/PREAPPLICATION AR	RE TRUE AND CORRECT. THI	E DOCUMENT HAS BEEN DULY IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized	Representative	Connolly		b. Title	Acting Director	c. Telephone number (916) 322-5290	
d. Signature of Authorized Re	epresentative					e. Date Signed (mm/dd/yyyy)	
	10	m conu	den			7/27/05	
Previous Edition Usable	-					Standard Form 424	

APPLICATION FOR FEDERAL ASSISTANCE	=	! !		2. DATE SUBMITTE	D		1	Applicant Ident	Version 7/03	
1. TYPE OF SUBMISSION:	_			July 28, 2005 3. DATE RECEIVED	DV	STATE	State Application Identifier			
Application	P	і (6-а р	plication	S. DAIL RECEIVED	יטי	SIAIL		Otate Application Identities		
☐ Construction			struction	4. DATE RECEIVED	DATE RECEIVED BY FEDERAL AG			CY Federal Identifier		
Non-Construction	Ø	Non	-Construction							
5. APPLICANT INFORMATION Legal Namé:	<u> </u>				 	Organizational	linit:			
Point Reyes National Seashore			DEC	EIVED		Department:	WIIIL.	•		
Point Reyes National Seasnor	e As	SOCI		Lan V Lan	<u> </u>	Division:				
Organizational DUNS: 945988517				2 8 2005						
Address: Street:			JUL	2 0 2003	\vdash	Name and telep involving this a			son to be contacted on matters	
			OTATE OLE	ARING HOUSE		Prefix:	Į F	irst Name:		
1 Bear Valley Road			STATE CLE	Anina node	_	Middle Name		Gary		
City: Point Reyes Station										
County: Marin County						Last Name Knoblock				
State: California	Zį	C01 A 94	de 956			Suffix:				
Country:	1					Email:				
6. EMPLOYER IDENTIFICATION	ON P	II INAI	RED (EIM):			GaryK@PTRey Phone Number (a code)	Fax Number (give area code)	
i		Olvii	BER (Env).			415-663-1835	(Bird bird)	4 5050)	4156638174	
94-2228894 8. TYPE OF APPLICATION:	<u> </u>						PLICAN	VT: /See back	of form for Application Types)	
B. TTPE OF APPLICATION.		[D Continuation	n Revision		7.111201741		11. (000 500)	(or forth to f police to the figure of	
If Revision, enter appropriate let	tter/:	i nl (e	box(es)) L KOVISION		O.) (
(See back of form for description	n of	etter	's.)	П		Other (specify) "O"				
Other (specify)						9. NAME OF FE Fish and Wildlife				
10. CATALOG OF FEDERAL	DOI	MES	TIC ASSISTANC	E NUMBER:		11. DESCRIPTIN	VE TITI	LE OF APPLIC	CANT'S PROJECT:	
				15-623]	Coastal Marin V	Welland	is Restoration	Project I	
TITLE (Name of Program): North American Wellands Co.			- 0.44							
12. AREAS AFFECTED BY P	IISEI	ECT	(Cities, Counties	s. States, etc.):		-				
Marin County California			,,							
13. PROPOSED PROJECT		<u> </u>				14. CONGRESS	SIONAL	DISTRICTS	OF:	
Start Date:	\neg		ng Date:			a. Applicant District 6 (Califo			b. Project District 6 (California)	
January 1, 2006 15. ESTIMATED FUNDING:		Dec	ember 31, 2007						REVIEW BY STATE EXECUTIVE	
				771		ORDER 12372 P	ROCE	SS?		
a. Federal	;			999,007		a. Yes. 🛛 AVA	S PREA	E TO THE STA	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	;			301,401				FOR REVIEW		
c. State	3			00		- · DAT	TE: Jul	ly 28, 2005		
				400,000		- PRO	I DGRAM	US NOT COV	ERED BY E. O. 12372	
d. Local		l		90,000 '		10. No. U.			T BEEN SELECTED BY STATE	
e. Other	6			3,139,783		FOR	R REVI	EW		
f. Program Income	;			0 ,		17. IS THE APP	PLICAN	T DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL				4,930,191		Yes if "Yes"				
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY	OWI	EDO	SE AND BELIEF	, ALL DATA IN THIS	API	PLICATION/PREA	APPLIC	ATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	TH	THC E AS	SISTANCE IS A	WARDED.	OF	THE APPLICANT	MIND	THE AFFLICA	141 WILL COMPLY WITH HIL	
a. Authorized Representative						1	Middle N	Vame		
Preflx	Ğ	ary	lame							
Last Name Knoblock							Suffix			
b. Title Executive Director							c. Telep 415663		(give area code)	
d. Signature of Authorized Rep	rese	ntati	ve			e e	July 26	Signed		
Previous Edition Usable							,	iut.	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduct	ion	i							Prescribed by OMB Circular A-102	

APPLICATION FOR		2. DATE SUBMITTED		<u> </u>	Version 7/03	
FEDERAL ASSISTANCE			Applicant Identifier 05-447			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identifier		
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational	linti-		
San Joaquin Valley Unified Air I	Pollution Control District		Department:	Dille.		
Organizational DUNS:	- Olddor Corlegi District	***************************************	Administration Division:		AND THE RESERVE OF THE PARTY OF	
786806394			Administrative S			
Address: Street:	TOECL	EIVED	Name and telephone number of person to be contacted on matters involving this application (give area code)			
1990 East Gettysburg Avenue	I DEOI	West of Persons States	Prefix:	First Name: Fred		
City: Fresno	JUL 2	7 2005	Middle Name O.	Fred		
County: Fresno		ADING HOUSE	Last Name Bates	ν-		
State: CA	Zip Code STATE CLE	ARINGTIOGGE	Suffix: Jr.	140	****	
Country:	007.20		Email:			
6. EMPLOYER IDENTIFICATIO	NINDED (CAN)		fred.bates@valle		Fax Number (give area code)	
	, ,		(559) 230-6020	give area code)		
77-0262563 8. TYPE OF APPLICATION:				HICANT, (Con ban	(559) 230-6063	
8. THE OF APPLICATION:	Continuation	n 🔲 Revision	G.	LICANI: (See Dac	k of form for Application Types)	
If Revision, enter appropriate lett (See back of form for description	E REVISION	Other (specify)				
Other (specify)			DERAL AGENCY:			
10. CATALOG OF FEDERAL D	MESTIC ASSISTANCE	E NIMBED.	EPA - Region 9	E TITI E OE ABBI I	CANT'S PROJECT:	
IV. CATALOG OF PEDERAL L	OWEDITE ASSISTANC		Clean Air Act Se		CANT S PROJECT.	
TITLE (Name of Program): Air Pollution Control Program St	upport (105)	66-001				
12. AREAS AFFECTED BY PRO		. States, etc.);	1			
Fresno, Kern, Kings, Madera, M	, ,	•				
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:			
Start Date:	Ending Date:		a. Applicant		b. Project	
10/01/2005 15. ESTIMATED FUNDING:	09/30/2006		0611, 0618, 0619, 0620, 0621, 0622 0611 0618 0619 0620, 0621, 0622 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PF	ROCESS?		
a. Federal \$		1,917,855			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		7,477,681		CESS FOR REVIEW	1	
c. State 5		·	DATE	: 07/11/2005		
d. Local \$.00	b. No. 🔲 PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$	A	00		ROGRAM HAS NO' REVIEW	F BEEN SELECTED BY STATE	
f. Program Income \$	_				NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		9,395,536	Yes If "Yes" al	tach an explanation	. 2 No .	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	NUTHORIZED BY THE G	ALL DATA IN THIS APP SOVERNING BODY OF T	LICATION/PREAP HE APPLICANT A	PLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative						
	First Name David		L.			
Last Name Crow			Şu	ffix		
D. Title Executive Director / A.P.C.Q.				Felephone Number (59) 230-6020	give area code)	
d. Signature of Authorized Repres	entative /	2/1-	ę. (Date Signed		

APPLICATION FO	OR	2, DATE SUBMITTED		Version 7/03 Applicant Identifier R9 TRACKING #				
FEDERAL ASSIST		5/31/2005			XA-97972201-2			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE			plication Identifier		
Construction X Non-Construction	Construction XE Non- Construction	4. DATE RECEIVED	BY FEDER	FEDERAL AGENCY Federal Identifier				
5. APPLICANT INFORMAT					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		
Legal Name: American Lung Association of	Arizona, Tucson		Organiza	itional Unit:		▼ Vib.e		
			Lung He	alth Programs				
Organizational DUNS: 0201	41776		Division	:				
Address: 2819 E. Broadway B				Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street:	JUL	2 6 2005	Prefix: N	1s.	First Name: Donna			
City: Tucson	STATE CLE	ARING HOUSE		Name: Joyce				
County: Pima	La constant de la con		Last Nan	ne: Bryson				
State: Arizona	Zip Code:	85716	Suffix:	2000-200		•		
Country: U.S.A		53710	Email: dl	oryson@lungaz.org				
6. EMPLOYER IDENTIFICA	TION NUMBER (EIŇ):		Phone No. 520-323	umber (give area co -1812	ode)	Fax Number (give area code) 520-323-1816		
86-0111676 8. TYPE OF APPLICATION:			7. TYPE	OF APPLICANT	(See back o	of form for Application Types)		
X - New Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				"O"				
Other (specify)				occify)				
			9, NAME	OF FEDERAL A	GENCY: E	PA Region 9		
10 CATALOG OF FEDERAL	DOMESTIC ASSISTAN	NCE NUMBER:	II. DES	CRIPTIVE TITLE	OF APPLIC	CANT'S PROJECT;		
			Astrona	Management Educa	uon			
TITLE (Name of Program):	66.034					•		
12. AREAS AFFECTE, Pima, Santa Cruz, Cochi	D BY PROJECT (Cities, se, Pinal, and Maricopa	Counties, States, etc): Counties						
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:					
Start Date: 10/01/2005	Ending Date: 9/30/2006		a. Applicant b. Project					
15. ESTIMATED FUNDING:	7/20/20/0		16. IS AF	PLICATION SUB	JECT TO R	AZ Districts 1,7,8 EVIEW BY STATE EXECUTIVE		
u. Federal \$12	,000		ORDER	12372 PROCESS?	LICATION	APPLICATION WAS MADE		
b. Applicant \$			AVAICA	BLE TO THE STA	TE EXECU	JTIVE ORDER 12372 PROCESS FOR		
c. State \$ d. Local \$		<u> </u>	REVIEW	^{'ON} DATE: つ(ン	5\05			
e. Other \$		•	b. No C	VP →PROGRAM I □ OR PROGRAM	S NOT CO 4 HAS NOT	VERED BY E. O. 12372 I BEEN SELECTED BY STATE FOR		
f. Program Income \$					ELINQUEN	T ON ANY INERACDERT		
A LIVELING VIOLOTIA LICED I	NOWLEDGE AND BELLY AUTHORIZED BY	THE GOVERNING BOI	IS APPLICA	TION/PREAPRIL	CATIONA	X No.		
a. Authorized Representative Prefix: Ms. First Name: Donna						The state of the s		
	rame: Donna			Middle Name: Jo	ycc	A transfer of the state of the		
Last Name: Bryson b. Title				Sulfix RECEIVED				
Director of Lung Health Program	ms			c. Telephone Num 520-323-1812	iber (give ar	en code) JUN 0 6 2005		
d. Signature of Authorized Repr	resentative			e. Date Signed	<u></u>			
Previous Edition Usable				5/3//	مرح	Standard Form 424 (Rev. 9-2003)		

APPLICATION FOR			4		Version 7/03		
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED 5-31-2005	Applicant Identifier Tulare County Fire Department				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat			
Application	Pre-application	4 DATE DECENTED D	/ FEDERAL 40	ENOV E L LL LL L			
Construction	Construction	4. DATE RECEIVED BY	r FEDERAL AG	ENCY Federal Identi	ner		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organization	al Unit:			
Tulare County Fire Department			Department: Fire Department				
Organizational DUNS:			Division:	GIIL	,		
099710811 Address:			Name and to	lanhana numbar at na	rean to be contacted as matters		
Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
1968 South Lovers Lane			Prefix:	First Name:			
City: Visalia			Middle Name				
County:			Last Name				
Tulare State: CA	Zip Code 93292		Marrone Suffix:				
Country:	93292		Battalion Chie	ef .			
USA			LMarrone@fi	re.ca.gov			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	er (give area code)	Fax Number (give area code)		
94-6000545			559-732-5954		559-636-4182		
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICANT: (See back	of form for Application Types)		
√ New If Revision, enter appropriate letter New New New New New New New N		n 🏻 Revision	В				
(See back of form for description	of letters.)		Other (specify))			
Other (specify)			D NAME OF	FEDERAL AGENCY:			
			USDA United	States Department of A	griculture		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:	11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:		
		1 0 - 7 6 6	F.R.I.S.C. Fac	cility Repair and Improv	ement to Serve the Community		
TITLE (Name of Program): Community Facilities Loans and	Grants	in the second se	-	•			
12. AREAS AFFECTED BY PRO		s, States, etc.):	-				
Tulare County Communities: Cu	tler, Richgrove, Terra B	ella, Ivanhoe, Earlimart					
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRICTS	OF:		
Start Date: 10-1-2005	Ending Date: 9-30-2006		a. Applicant District 20		b. Project District 20		
15. ESTIMATED FUNDING:	1 3 60 2000				REVIEW BY STATE EXECUTIVE		
a. Federal \$		00	ORDER 12372		APPLICATION WAS MADE		
u. i odolai		37,150			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$	ENCO	13,050	PI	ROCESS FOR REVIEW	/ON		
c. State	FIVED	00	D.	ATE: 5-31-2005			
d. Local JUI\$	2 5 2005		b. No. D PI	ROGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$.00		R PROGRAM HAS NOT OR REVIEW	T BEEN SELECTED BY STATE		
f. Program Income STATE CLI	EARING HOUSE				NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		50,200 ·	Yes If "Yes	s" attach an explanation	. U No		
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	PLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE		
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T			THE APPLICAN	IT AND THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name			Middle Name			
· ·	David	. '					
Last Name Hillman				Suffix			
o. Title Chief		and the state of t		c. Telephone Number (give area code) 559-732-5954			
I. Signature of Authorized Repres	sentative. 0			e. Date Signed			
X X X		~ ~~		5-31-2005	1		

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED April 5	2005	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	•			
<u>Application</u>	Preapplication	3. DATE RECEIVED BY	SIAIE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
X Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Unit:			
Woodlake Redevelo Address (give city, county, State,	pment Agency					
350 N. Valencia B	• •		this application (give a	number of person to be contacted on matters involvi		
Woodlake, CA. 932			tins application (give a	area code)		
, .	<u> </u>	·				
6. EMPLOYER IDENTIFICATION)—————————————————————————————————————		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
94 - 6 0 0 0	4 5 8			C		
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.		
▼ New	ET Cantinuation	Revision	C. Municipal	State Controlled Institution of Higher Learning Private University		
	Continuation	☐ Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	r(s) in box(es)	,	E. Interstate L. Individual			
		<u> </u>	F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Decre D. Decrease Duration Other(s)	ease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
a variable baration of local	ocony).		9. NAME OF FEDERA	AL AGENCY:		
				DEVELOPMENT		
		·	ODDI KUKAL	DEVELOPMENT		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:		
		10 - 766		F WOODLAKE AIRPORT PROPERTY		
TITLE:	L			HEROTEKII		
12. AREAS AFFECTED BY PRO	IECT (Cities Counties Stat	ac ata):				
1		es, etc.):	•	•		
Woodlake, Califor	nia 93286		•			
13. PROPOSED PROJECT	4. CONGRESSIONAL DIS	TRICTS OF:	· · · · · · · · · · · · · · · · · · ·			
Start Date Ending Date a	a. Applicant		h Declarat			
6/1/05 12/31/05	DEVIN NUNES		b. Project DEVIN NUNES			
15. ESTIMATED FUNDING:		Some and the second	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PR			
a. Federal	650,000.	.00				
h Angliana			a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE		
b. Applicant		7 .00		TO THE STATE EXECUTIVE ORDER 12372		
c. State	ECENED-	00	PROCESS	FOR REVIEW ON:		
	RECEIVED	•	DATE			
d. Local	JUL 2 5 2005	00	DATE			
	JUL 2 0 2003	·	b. No. PROGRA	M IS NOT COVERED BY E. O. 12372		
e. Other	SINC HOUS	F	☐ OR PROG	RAM HAS NOT BEEN SELECTED BY STATE		
f Brogram la ST	ATE CLEARING HOUS		FOR REVI			
f. Program Income						
g. TOTAL \$	650,000.		17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?		
		0.		ttach an explanation.		
18. TO THE BEST OF MY KNOWL	EDGE AND BELIEF, ALL I	DATA IN THIS APPLICA	TION/PREAPPLICATI	ON ARE TRUE AND CORRECT THE		
DOGGINERAL LING DEELA DOFT VI	DINUNIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF TH a. Type Name of Authorized Repres	IE ASSISTANCE IS AWAR	DED.				
William/Lewis/	bernarive b	. Title City Administ		c. Telephone Number		
d. Signature of Authorized Represen	nt attilve /	City Administ		(559) 564-8055 e. Date Signed /		
OOGXGM	WH		 	e. Date Signed		
Previous Edition Usable			····	Standard Form 424 (Rev. 7-97)		
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OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier June 10, 2005 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication

Construction		Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	· · · · · · · · · · · · · · · · · · ·	
Non-Construction		Non-Construction					
5. APPLICANT INFOR	MATION						
Legal Name: County of Tula	re			Organizational Unit: Office of the D	District Attorney		
Address (give city, cour	ity, State,	and zip code):			number of person to be contact	ed on matters involvin	
221 So. Moone	•	. Rm. 224		this application (give a Katie Wallace	rea code)		
Visalia, CA 932					,		
6. EMPLOYER IDENTIF			,	7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)	
9 4 - 6 0	0 0	5 4 5		A. State	H. Independent School Dist.	В	
8. TYPE OF APPLICAT	ION:	3		B. County	I. State Controlled Institution of	of Higher Learning	
	✓ New	Continuation	Revision	C. Municipal	J. Private University		
If Revision, enter approp	orioto lotto	r(s) in hoy(os)		D. Township	K. Indian Tribe		
" Trevision, enter approp	mate lette	r(s) in box(es)		E. Interstate	L. Individual M. Profit Organization		
A. Increase Award	B. Decre	ease Award C. Increase	Duration	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
D. Decrease Duration	Other(sp	pecify):					
·				9. NAME OF FEDERA	L AGENCY:		
-				USDA	•		
10. CATALOG OF FEDI	ERAL DOI	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:	
10-766				Mobile Agricultural Surveillance Tower *(M.A.S.T.)			
TITLE: Comn	nunity Fa	acilities Grant Applica	tion				
		ECT (Cities, Counties, State					
Tulare County			•	-	•		
Talare oddrity					·		
13. PROPOSED PROJE	CT 1	4. CONGRESSIONAL DIS	TRICTS OF:				
Start Date Ending	- 1	ı. Applicant		b. Project	entil till til till till som en som fyrgiggerg med sig sekssegerg og som en en som grænning en en en eg en en me e		
7/1/05 6/30	0/06	19, 20	, 21	19,20, 21			
15. ESTIMATED FUNDI	NG:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
		A section of the sect		ORDER 12372 PR	OCESS?		
a. Federal		5	23,681	a. YES. THIS PREA	PPLICATION/APPLICATION V	VAS MADE	
b. Applicant			00	1	TO THE STATE EXECUTIVE		
	H	ECEIVED	7,894	PROCESS F	FOR REVIEW ON:		
c. State	9		.00		06/10/05		
d Local	ال ا	UL 2 5 2005	00	DATE			
d. Local)		h No TI DDOGDA	M IS NOT COVERED BY E. O.	12272	
e. Other	STALE	CLEARING HOUSE	.00		RAM HAS NOT BEEN SELEC		
				FOR REVI	EW		
f. Program Income	\$	3	0°	47 10 THE ADDITIONAL	T DELINQUENT ON ANY FEE	DEDAL DEDTO	
g. TOTAL			00			PERAL DEBTY	
IG. TOTAL	1		31,575 ·	Yes If "Yes," a	ttach an explanation.	✓ No	
18. TO THE BEST OF M	Y KNOWL	EDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICATI	ON ARE TRUE AND CORREC	CT, THE	
				APPLICANT AND TH	E APPLICANT WILL COMPLY	WITH THE	
		IE ASSISTANCE IS AWAF				44	
a. Type Name of Authoriz	ed Repres	sentative	b. Title District Attorney		c. Telephone Number (559) 733-6411		
Phil Cline d. Signature of Authorized	1 Parish		District Attorney		e. Date Signed		
u. Signajule bi Abinofized	v Kebieżei	manve			6-13-05		
Previous Edition Visable	0			<u> </u>	Standard Form 424	(Rev. 7-97)	

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APPLICATION FOR				1 Applicant Idan	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED M			tifier 05 - 39 l
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction	Non-Construction		N. C.		
6. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: Pres Colt?			Department: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rd Asthma Coaliti
comments			Division:	Uncer	La 1451VIII account
Organizational DUNS: 84	309 3639	9			rson to be contacted on matters
Address:		and the same of th	Name and telephone involving this application	ation (give are	a code)
920 P	eralta SA	ECEIVED	Preflx: Ms	First Name	rang
City: Oalele	nd	UL 2 5 2005	Middle Name	ourse	
County: Alam	reda		\t\\.	azier	
State: CA	Zip Code 48 EAT	OF EARING HOUSE	Suffix: RN		925/899-7670
Country: USA					B@ yahoo.com
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
94-324633	<u> </u>		425-376	3847	925-376-3896
8. TYPE OF APPLICATION:					k of form for Application Types)
Ne Ne		on 🖺 Revision	0- Non-	profer	
if Revision, enter appropriate lef (See back of form for description	n of letters.)		Other (specify)		
Other (specify)	_	_	9. NAME OF FEDER	AL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		THE OF ADDIT	CANT'S PROJECT:
		66-034	Implem	un tur	y tools for ven schools
TITLE (Name of Program):			Schools	in Se	ven schools
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countie	es, States, etc.):	-		
Oakland, Ber	heley-Alas	meda, CA			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
15 los Oct 05	Ending Date:	406	a. Applicant Drok	ict -Ba	b. Project Lever L
16. ESTIMATED FUNDING:	14/0/03	in the second	16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	Jan 10. 3.0		ORDER 12372 PROC	EAPPLICATION	N/APPLICATION WAS MADE
b. Applicant	- HE +10	000		BLE TO THE ST SS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON
c. State 5	,	00		7/21/05	•
d. Local		- 50		΄ ΄	VERED BY E. O. 12372
e. Other		· 10	D. NO. D.J		OT BEEN SELECTED BY STATE
f. Program Income		00	I VIT FOR RE	VIEW	ENT ON ANY FEDERAL DEBT?
a. TOTAL		- 00	_		_
1-	7,000	- ALL DATA MUNICIPALITY	Yes If "Yes" anac	·	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THI	E GOVERNING BODY OF	THE APPLICANT ANI	THE APPLICA	ANT WILL COMPLY WITH THE
a, Authorized Representative Prefix	Eirat Niamo		Middl	e Name	
	L'institutione Was	olungton			<u> </u>
Last Name BL	LRNS	•	Suffix	1-00	
b. Tille Director	\mathcal{A}				1 1 29 2 1 1 2 2 2 2 1 1 2 2 2 2 2 1 2 2 2 2
d. Signature of Authorized Rep	resentative June	extla).	e, Da	te Signed 2	7 may 05
Previous Edition Usable Authorized for Local Reproduct	ion		N. D.	R	Standard (drm 424 (Rev.9-2003 ECETIVED) MB Circular A-10

JUN 06 2005

GMO, PMD-7

OMB	Approval	No.	0348-0043

APPLICATION FOR				2. DATE SUBMITTED		App	olicant Identifier		
FEDERAL ASSIST	[ANC]	E				1			
1. TYPE OF SUBMISSION	:	n		3. DATE RECEIVED B	Y STATE	Sta	te Application Identifier		
Application Construction		Preapplication Construction							
⊠ Non-Construction		☐ Non-Construction							
5. APPLICANT INFORMA	TION			4. DATE RECEIVED B	Y FEDERAL	AGENCY Fed	eral Identifier		
Legal Name	11011			Organizational Unit:	1 9				
Los Angeles County M	letropoli	tan Transportation Au	ıthority	Programming and Policy Analysis					
Address (give city, state, and	-			Name and telephone nur area code)	nber of the pe	erson to be contact	ed on matters involving this application (give		
One Gateway Plaza Los Angeles, California 90012-2952				Nela De Casti	10				
Los Angeles, C	Califor	nia 90012-2952		(213) 922-6166					
6. EMPLOYER IDENTIFICE 9 5 - 4 4 0 1 9		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	propriate letter in	box) N		
8. TYPE OF APPLICATIO	N:				Independent				
x New Continuation	on Rev	ision		C Municipal J	State Control Private Univ Indian Tribe		Higher Learning		
If Revision, enter appropria) in box(es):		E Interstate L F Intermunicipal G Special District						
A Increase Award B Decrease Award C Increase Duration							The same of the sa		
D Decrease Duration Other (specify)				State Chartere 9. NAME OF FEDERA			RECEIVED		
				Federal Trans			The second secon		
10. CATALOG OF FEDER	AL DOM	ESTIC 20 - 50	\overline{v}	11. DESCRIPTIVE TIT			RECEIVED CT: JUL 2 5 2005		
ASSISTANCE NUMBER			CA-03-0702 - Bus Acqu						
TITLE 49 U.S.C. § 5309						STATE CLEARING HOUSE			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)					B-				
City and County of Los Angeles, CA									
13. PROPOSED PROJECT		14. CONGRESSIONAL				T			
Start Date		Ending Date a	Applicant	b. Project					
06/30/06		06-30-2010	5 through 39, 42, 46	Same as Applicant					
Acceptance of the Control of the Con							144 5 150 257 357 357 357 357 357 357 357 357 357 3		
15. ESTIMATED FUNDING		TO THE RESIDENCE OF THE SECOND	16. IS APPLICATIO	N SUBJECT TO REVIE	W BY STATI	E EXECUTIVE O	RDER 12372 PROCESS?		
a Federal	\$	5,151,365		REAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE					
			ORDER 12	2372 PROCESS FOR REVIEW ON					
			DATE <u>07</u>	1/25/05					
			b NO PR	OGRAM IS NOT COVE	RED BY E O	12372			
b Applicant	<u>s</u>	.00	⊢ ⊔ OR	PROGRAM HAS NOT B	EEN SELEC	TED BY STATE I	FOR REVIEW		
c State	s S	.00							
d Local	\$	1,869,178							
e Other	\$.00							
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDE	RAL DEBT?			
☐ Yes If "Y				es" attach an explanation	×Ν	o			
g TOTAL	\$	7,020,543							
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A							ENT HAS BEEN DULY AUTHORIZED BY THE DED		
a Typed Name of Authorized	l Represe	ntative			b Title		c Telephone number		
GLADYS LOWE					Director Regional Pro	ogram Manageme	nt (213) 922-2459		
d. Signatúre of Authorized R	epresenta	ıtive			e. Date Signe	ed	(===) / HH H 10/		
Dom					21-05				

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier Version 7/03		
	·		July 15, 2005	CTATE	State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-applica	ation	3. DATE RECEIVED BY	SIAIE	State Applicat	ion identifier	
Construction	Constru	uction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier	
Non-Construction	Non-Cor	struction	July 15, 2005			A COLUMN TO THE	
5. APPLICANT INFORMATION Legal Name:				Organizationa	l Unit:		
March Joint Powers Authority Re	edevelopme	nt Agency		Department:			
Organizational DUNS: 799839428		····		Division:			
Address:			SEN/ED			rson to be contacted on matters	
Street: P.O. Box 7480	1	HE(CEIVED	Prefix:	application (give are First Name:	a code)	
City: Moreno Valley		JUL	1 9 2005	Ms. Middle Name M.	Lori		
County: Riverside		-	DING HOUSE	Last Name Stone			
State: California	Zip Code 92552	STATE	CLEARING HOUSE	Suffix:			
Country:	JEGGE			Email: stone@marchj	no com		
6. EMPLOYER IDENTIFICATION	N NUMBER	(EIN):		Phone Number		Fax Number (give area code)	
33-0579359		, ,		(909) 656-7000		(909) 653-5558	
8. TYPE OF APPLICATION:	4			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)	
		Continuatio	n Revision	С			
(See back of form for description		es,		Other (specify)			
Other (specify)					EDERAL AGENCY: Protection Agency		
10. CATALOG OF FEDERAL	ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	CANT'S PROJECT:		
TITLE (Name of Program):			11-307	Asbestos removal/disposal followed by building demolition to enable economic development of a former military base.			
12. AREAS AFFECTED BY PR	OJECT (Citi	es, Counties	s, States, etc.):				
Cities of Moreno Valley, Perris,	Riverside an	nd County of	Riverside, California				
13. PROPOSED PROJECT Start Date:	Ending D	nato:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
September 19, 2005	March 3			March JPA Red	development Agency	Arnold Heights	
15. ESTIMATED FUNDING:				ORDER 12372	PROCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		W 1	387,700	TH XIX IX TH	IIS PREAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$			0 .		ROCESS FOR REVIE		
c. State \$			O .	DA	_{ATE:} 7/15/05		
d. Local \$			0 ,	b. No. I	ROGRAM IS NOT CO	/ERED BY E. O. 12372	
e. Other \$			0			OT BEEN SELECTED BY STATE	
f. Program Income \$			00		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$			387,700	Yes If "Yes	" attach an explanatio	n. 🛂 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZ	ED BY THE	GOVERNING BODY OF				
a. Authorized Representative	First Name				Middle Name		
Prefix Mr.	First Name Phillip	*			Α.		
Last Name Rizzo	weenstern and the second				Suffix		
b. Title Executive Director				······································	c. Telephone Number	(give area code) (951)	
d. Signature of Authorized Repre	esentative	Kleen	U. Kerja		e. Date Signed July 15, 2005		
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ABBLICATION FOR					Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED July 13, 2005		Applicant Ideni	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applicati	State Application Identifier		
Application	Pre-application	A DATE RECEIVED	BY FEDERAL AGENC	Y Foderal Identif	ler		
Construction	Construction	4. DATE RECEIVED	BY TEDEROLE MOLITIC				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational U	nit;			
CITY OF RIO VISTA							
Organizational DUNS: 062/689/489		Division:					
A delicani			Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street	RECE	IVED	Prefix:				
ONE MAIN STREET							
City: RIO VISTA	JUL I	9 2005	Middle Name				
County: SOLANO		DING HOUSE	Last Name BAXTER				
State: CALIFORNIA	ZID ESTEATE CLEA	HING HOUSE	Suffix:				
Country:			Email: bbaxter@cl.rlo-v	Email: bbaxter@cl.rlo-vista.ca.us			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g		Fax Number (give area code)		
1			707-374-04	451	707-374-6063		
94-6000404 B. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APP	LICANT: (See back	of form for Application Types)		
V Ne	w Continuation	n Revision					
If Revision, enter appropriate le	tter(s) in box(es)		Other (specify)	C. MUNICIPAL Other (specify)			
			9. NAME OF FED	FRAL AGENCY:			
Other (specify)			FEDERAL AVI	FEDERAL AVIATION ADMINISTRATION 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	i i		1		
		20-106	AWOS; remo	ve obstructions; sire Map; perimeter rose	raft parking apron (design); ALP		
TITLE (Name of Program): AIRPORT IMPROVEMENT PF	200044		and vioporty	inter, portine			
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countle	s States etc.):					
City of Rin Vista	,	. , ,					
13. PROPOSED PROJECT			14. CONGRESSI	DNAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant		b. Project Dan Lundgren-3rd District		
September 2005	September 2008		Dan Lundgren	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE		
16. ESTIMATED FUNDING:			ODOER 12372 PR	MCESS?	_		
a. Federal		241,500	a, Yes. IZ THIS	PREAPPLICATION LARLE TO THE STA	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant		600	PRO	PROCESS FOR REVIEW ON			
c. State	6	12,100	DATE: July 13, 2005				
d. Local	S		b, No. T PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other)	·	OR PROGRAM HAS NOT BEEN SELECTED BY STAT				
f. Program income		·	17. IS THE APPL	REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL	<u> </u>	254,200 ·		itach an explanation	. 1 No		
49 TO THE BEST OF MY KNO	OWI FORE AND REI IEI	ALL DATA IN THIS	APPLICATION/PREAF	PLICATION ARE T	RUE AND CORRECT. THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY	OF THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF	THE Wasia IMINOE IS N	**************************************					
Prefix MR.	First Name BRAD		Мі	ddie Name			
Last Name			Su	ffix			
b, Title		- c	c. Telaphone Number (give area code)				
CITY MANAGES	ar ===:		707-374-6451				
d. Signature of Authorized Rep		a.	e. Date Signed				
Previous Edition Use Die							
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)		
APPLICATION FOR		2. DATE SUBMITTED		Version 7/03 Applicant Identifier			
FEDERAL ASSISTANCE					• •		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier			
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	│ <u>│</u> Non-Construction N						
Legal Name:				Organizational Unit:			
SIERRA COUNTY (CALPINE) WATERWORKS DISTRICT #1				Department: CALPINE WATER BOARD			
Organizational DUNS:				Division:			
Address:						rson to be contacted on matters	
Street:				involving this application (give area code) Prefix: First Name:			
BOX 25				MR. ROBERT			
City: CALPINE				Middle Name BRUCE			
County: SIERRA				Last Name BAGLEY			
State: CALIFORNIA	Zip Code 96124			Suffix:			
Country: USA				Email: SRUNIFORM@SBCGLOBAL.NET			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			Phone Number (give area code) Fax Number (give area code)			
				707-545-3766	-3766 707-545-3516		
8. TYPE OF APPLICATION:	and I			7. TYPE OF APPLIC	ANT: (See back	k of form for Application Types)	
Revision, enter appropriate le See back of form for description	tter(s) in box(es)	on ERe	vision	G Other (specify)	i		
Other (specify)				9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	,	11. DESCRIPTIVE T			
TITLE (Name of Program): WATER AND WASTE DISPOSAL PROGRAM				BRING UP TO DATE RESIDENTIAL WATER CONSUMPTION AND FIRE SUPRESSION REQUIREMENTS.			
12. AREAS AFFECTED BY PF TOWN OF CALPINE, SIERR	,).				
13. PROPOSED PROJECT	A COUNTY, CALIFORN	IA		14. CONGRESSION	AL DISTRICTS	OF:	
Start Date:	Ending Date:			a. Applicant		b. Project	
6/2006 15. ESTIMATED FUNDING:		6/2007		4TH 16. IS APPLICATION ORDER 12372 PROC		ATH REVIEW BY STATE EXECUTIVE	
a. Federal	,	700.000	00	THIS PR	EAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	RECEIV	ED	.00		SS FOR REVIEV		
c. State	HEUEIV		. 00	DATE:			
d. Local \$	JUL 182	005	.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other			. 00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income	The state of the s	1110001	.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		700,000		Yes If "Yes" attac	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING	IN THIS APP BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative				NA; - -	Namo		
Prefix	First Name	ЭΤ		iviidale	Name	UCF	

MITACILLD AGGOINA	MICES II THE ASSISTANCE IS AWARDED.			
a. Authorized Repres	entative			
Prefix	First Name ROBERT	Middle Name BRUCE		
Last Name	BAGLEY	Suffix		
b. Title BOARD CHAIRMAN		c. Telephone Number (give area code) 707-545-3766 QR 530-994-3739		
d. Signature of Author	izati Representativa	e. Date Signed 7/4/2003		

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			Form 424		Olvib Approval No.	0040-0040	
Application for		2. Date Submitted		1	licant Identifier	40=4	
Federal Assistance			June 9, 2005			1671	
Type of Submission Application		3. Date received State		State	Application Identifier		
<u>Application</u>	Preaplication						
Constuction	Construction	4. Date received by Federal		Feder	al Identifier		
x Non-Constuction	Non-Construction	Agency:	June 9, 2005		(CA-90-Y344	
5. Applicant Information							
6. Legal Name:	San Mateo Count	y Transit D	istrict (samTran	s)			
Address (give city, county, state					t person <i>(give area cod</i>	le)	
1250 San Carlos A							
P. O. Box 3006							
San Carlos,			Fabian Favila, (650) 508-6388				
San Mateo County			l ablair l aviia, (600) 600-6000				
California 94070-							
6. Employer Identification Num			7 Type of Applic	cant (enter ann	ropriate letter in box)	G	
9 4 3152903]	sant (enter app		Bankan and and	
8. Type of Application			A. State		H. Independent Scho		
			B. County		I. State Controlled Institution		
x new continuation		Revision	C. Municipal		of higher learning.		
If revision, enter appropriate let	ter(s)		D. Township		J. Private University		
in boxes:	`广		E. Interstate		K. Indian Tribe		
A. Increased Award B. Decrea	sed Award		F. Intermural		L. Profit Insitution		
C. Increase Award D. Decreas			G. Special Distric	ct	M. Other: MPO		
	be Duration		O. Opeciai Distri	O.	IVI. Othor. IVII O		
Other (specify):							
10. Catalog of fodoval domostic			9. Name of federa	I A copour			
10. Catalog of federal domestic	20507		9. Name of federa		sit Administration (F	TA)	
assistance number:						IAJ	
	Section 5307 Prog		11. Descriptive title	e or applicant pro	ojeci		
12. Areas affected by project:		REC	łtIVFN	1=1100000		_!	
San Mateo County					ital and Operating As		
		JUL	1 8 2005		cement <30 FT Bus-10		
13. Proposed Project			1 3	2) Rehab/Rei	novate-ADA Vehicle Ed		
Start Date:	End Date:	STATECLE	· ADI			elchair Lifts	
09/30/2004	05/15/2009	OLC OLC	ARING HOUSE	Bus Cataly			
		- and in particular and in the second	A CHARLES TO THE PROPERTY OF T	4) Operating	Assistance Regional E	xpress Bus	
15. Estimated Funding							
a. Federal	\$2,887,140	14. Congres	ssional Districts of:				
b. Applicant	A THE THE RESIDENCE OF THE PROPERTY OF THE PRO	a. Applicar			b. Project		
		a. Applical			12 & 14		
c. State	6570 000		12 & 14		12 0 14		
d. Local	\$576,300		antina nubinat ta mo	view by state eve	10272 process?	Yes	
f. Program Income e. Other		16. Is appli	preaplication/applic	view by State ext	ecutive 12372 process?	162	
g. TOTAL	\$3,463,440	-	cutive order 12372 p				
	ψ5,405,440	4	7/12/2005		711		
17. Is the applicant delinquent		Date:	¬		270		
on any federal debt? b. No			│ Program is not covered by E.). 12372 │ or program has notbeen selected by state for review				
' '			or program has no	otbeen selected	by state for review		
No.							
18. To the best of my knowledge							
The document has been duly a			ly of the applicant	and the applica	ant will comply		
with the attached assurances if	assistance is award	ded.					
a. Typed Name of Authorized Representative			b. Title c. Telephone Number:			ər:	
Michael J. Scanlon			General Manage	er/CEO	• • • • • • • • • • • • • • • • • • •		
d Signature of Authorized representative			<u> </u>		e. Date Signed	And the second s	
			17/14/01				
DATE OF CONTROL OF THE PROPERTY OF THE PROPERT							
Chief Administrative OFFices							